

U.S. Department of Justice  
United States Marshals Service

# PROCESS RECEIPT AND RETURN


See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF United States of America		COURT CASE NUMBER 19-CR-10063-DJC
DEFENDANT Randall Crater		TYPE OF PROCESS Subpoena to Testify at Criminal Trial
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Keeper of Records, Guadagnoli & Redding, P.C., c/o Donato Guadagnoli	
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 48 Wall Street, 11th Floor, New York, NY 10005	
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW Scott P. Lopez, Esq. Lawson & Weitzen, LLP 88 Black Falcon Avenue, Suite 345 Boston, MA 02210		Number of process to be served with this Form 285 <b>1</b> Number of parties to be served in this case <b>TBD</b> Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Signature of Attorney other Originator requesting service on behalf of: 	<input type="checkbox"/> PLAINTIFF <input checked="" type="checkbox"/> DEFENDANT	TELEPHONE NUMBER 617-439-4990	DATE 6/28/2022
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## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process _____	District of Origin No. <u>38</u>	District to Serve No. <u>54</u>	Signature of Authorized USMS Deputy or Clerk 	Date <u>6/29/22</u>
I hereby certify and return that I <input type="checkbox"/> have personally served, <input type="checkbox"/> have legal evidence of service, <input type="checkbox"/> have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.					
<input type="checkbox"/> I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)					
Name and title of individual served (if not shown above)				Date	Time <input type="checkbox"/> am <input type="checkbox"/> pm
Address (complete only different than shown above)				Signature of U.S. Marshal or Deputy	

Costs shown on attached USMS Cost Sheet >>

### REMARKS

S/NY  
Closed process per Attorney request  
7/18/22  
Return unexecuted  
ER

U.S. MARSHALS SERVICE  
BOSTON, MA  
2022 JUN 29 PM 5:03